

State of Colorado

FY 2015-16 Employee Benefits Guide



COLORADO

It's our nature.™

Commit
to **health**



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The employee benefit programs described in the Benefits Guide are for the FY 2015-16 Plan Year from July 1, 2015 through June 30, 2016. The information in this Guide is a summary of the State of Colorado benefits, and every attempt has been made to ensure its accuracy. The actual provisions of each benefit program will govern if there is any inconsistency between the information in this Guide and the State’s formal plans, programs, policies or contracts, or any subsequent change in such plan, programs, policies or contracts.



A Message from the Department of Personnel & Administration

Dear State of Colorado employees,



Kara Veitch

As Coloradans, we have every reason to live active and healthy lives. After all, we're surrounded by majestic beauty, we enjoy near-constant sunshine and we like to play as hard as we work.

One of the State of Colorado's goals is to provide each of you with a benefits package that helps you make the most of your health and wellness. As part of that effort, we want to provide you with resources that help guide your health decisions.

The Fiscal Year 2015-16 Benefits Guide provides you with an overview of the State of Colorado Employee Group Benefits Plan. We encourage you to consider the benefits plans that are available to you and your family, and make the choice that best suits your needs.



Kim Burgess

The State again offers medical benefits in FY 2015-16 through UnitedHealthcare and Kaiser Permanente, and dental benefits through Delta Dental. In addition, this guide also provides information on life and disability insurance. The State provides employees with basic life and short-term disability insurance at no cost to you. Additional life and disability insurance coverage is available for your consideration.

We encourage you to make a personal commitment to your health this year by participating in the State of Colorado Employee Wellness Program. The program reduces your monthly premium and provides you with resources to make healthy decisions at home and work.

We know how busy State employees are making Colorado a great place to live, work and play. Being healthy benefits everyone including our communities, families and most importantly, you!

We hope you find this guide helpful as you make important decisions about your benefits. Commit to your health and help us make Colorado the healthiest state in the country.

Kara Veitch, Interim Executive Director
Department of Personnel & Administration

Kim Burgess, Statewide Chief Human Resources Officer
Division of Human Resources



COLORADO
State Wellness Program

It's our Health. It's our Wellness.



The State of Colorado Employee Wellness Program

Register for or log in to CaféWell
colorado.gov/wellness

Commit to Health and Save Money on Your Health Insurance Plan

State of Colorado employees have access to CaféWell, a web site and mobile app that provides personalized guidance and rewards to enhance your health. With CaféWell, take simple, small steps to a big change.



POWERED BY
 **CaféWell.**

*Credit applies as a premium reduction for employees covered by a State sponsored benefit plan, but all State employees can participate and win prizes. Visit the website today to learn more.

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***COMMIT TO HEALTH
AND SAVE**

\$240

**ON YOUR HEALTH
INSURANCE**

- **Join an activity** – choose one that fits your personal goals and energy level
- **Explore expert content** – access tips and articles about nutrition, fitness and more
- **Speak with a coach** – get your questions answered online or during live webinars
- **Be part of a community** – connect with others who are focused on similar health goals



What Health Care Reform Means for You

The new health care reform law in America refers to two separate pieces of legislation passed by the federal government into federal and state law—the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act. These laws are intended to help more people get affordable health care coverage and receive better medical care.

What does the law require in 2015?

Employer Mandate

As of January 1, 2015, most employers are required to provide full-time equivalent employees with a health insurance plan or pay a fine.

Full-Time Equivalent (FTE)

Full-time equivalent employees are employees that work on average at least 30 hours per week.

All medical expenses

(i.e., copays, deductibles, and coinsurance) continue to be counted toward the annual out-of-pocket maximums.

Individual Mandate

Health care reform requires most U.S. citizens and legal immigrants to have a basic level of health coverage starting January 1, 2014—this is called the individual mandate.

Flexible Spending Accounts

The maximum will be \$2,550 for health care expenses and \$5,000 for dependent day care expenses.

To learn more please visit dol.gov/ebsa/healthreform.

Questions?

Frequently asked questions about health care reform laws

Q: *Am I required to have health insurance?*

Health care reform requires most U.S. citizens and legal immigrants to have a basic level of health coverage starting January 1, 2014—this is called the individual mandate. Some people won't have to buy insurance. This includes people with certain religious beliefs, members of Native American tribes, undocumented immigrants, and people who are in prison. People whose income is below a certain level are also not required to buy insurance. For more information go to healthcare.gov.

Q: *What if I don't have any health care coverage?*

If you don't have "minimum essential" health coverage, you may be subject to a tax penalty based on the number of months in a given year you are without minimum essential coverage. Most employer-based coverage, Medicare, Medicaid, CHIP, private insurance and all insurance purchased through your state's marketplace count as minimum essential coverage.

Q: *Does my employer have to offer me health coverage?*

According to health care reform, employers with over 50 full-time equivalent employees must offer health insurance—this is called the employer mandate.

Q: *Can anyone get health care coverage?*

Yes, anyone can get coverage. Insurance companies can no longer deny coverage to anyone who has a pre-existing medical condition.

Q: *What are the Health Insurance Marketplaces?*

They are state or federal run websites where people can buy health care coverage. It is available to people who are uninsured or buy insurance on their own. The Connect for Health Colorado Exchange coverage can be purchased at healthcare.gov.

Q: *When is the open enrollment period for Connect for Health Colorado's coverage?*

The open enrollment period to purchase 2016 coverage through Colorado's health insurance marketplace begins on November 1, 2015. For more information go to healthcare.gov.



The State of Colorado

Employee Group Benefits at a Glance



MEDICAL INSURANCE

UnitedHealthcare

- Copayment Plan
- High-Deductible Health Plan
- Vision Plan

Kaiser Permanente

- Copayment Plan
- High-Deductible Health Plan
- Optical Benefits Plan

DENTAL INSURANCE

- Delta Dental Basic Plan
- Delta Dental Basic Plus Plan



FLEXIBLE SPENDING ACCOUNTS

- Healthcare FSA
- Limited Purpose Health Care FSA
- Dependent Care FSA

ADDITIONAL BENEFITS

Employer-Provided Benefits

- Short-Term Disability Insurance
- Basic-Term Life Insurance

Optional Benefits

- Optional Long-Term Disability Insurance
- Optional Life Insurance (Employee, Spouse & Child)



RETIREMENT

- Public Employees Retirement Association (PERA) Defined Benefit Plan
- Public Employees Retirement Association (PERA) Defined Contribution Plan





Eligibility

The State of Colorado offers benefits to permanent full-time and part-time employees who meet eligibility requirements. You can also enroll your spouse or domestic partner and your eligible child(ren) for coverage. Currently, temporary employees are not eligible for benefits.

Eligible Dependents Include The Following:

- Your spouse (including those defined as common-law and same-sex legally married)
- Your civil union partner
- Your same-gender domestic partner
- Eligible children under the age of 26, yours or your spouse's or partner's
- Eligible children of any age who were disabled prior to age 26
- Children under your legal guardianship

When adding dependents, supporting documents are required to prove dependency. A list of acceptable dependent documents can be found at colorado.gov/dhr/benefits.

PLEASE NOTE:

For federal income tax purposes for non-tax dependents the employee's share of the medical and dental premiums must be deducted from an employee's pay on an after tax basis. The State's share of the medical and dental premiums must be added to the employee's gross income as imputed income. Please contact your human resources/benefits office about enrollment and your financial/tax advisor about your tax implications.

If You Are NOT Eligible for Health Benefits

The health care reform's individual mandate requires you to have medical coverage. If you are not eligible for health benefits through the State of Colorado there are several resources you can use to find health care coverage. You can't be denied coverage through these public insurance marketplaces, and you may be eligible for tax credits that lower the cost of health insurance.

Healthcare.gov

Through Healthcare.gov you can compare health insurance plans and find one that best meets your needs and budget. You can find out if you are eligible for tax credits that will lower your coverage costs, and you can enroll in a plan that specifically meets your unique medical needs. Every plan includes benefits like preventive doctor visits, prescriptions, birth control and emergency care.

Connect for Health Colorado

The State of Colorado provides a public insurance marketplace for Colorado residents needing health care coverage. Visit connectforhealthco.com to explore a variety of comprehensive insurance plans that you can enroll in for health care coverage.



Enrollment

Opportunities to enroll or change benefits

Annual Open Enrollment Period

The State of Colorado's annual open enrollment period takes place in April and May of each year (specific dates change year to year). Benefits elections made during the open enrollment period become effective on July 1st of the same year. The State of Colorado benefits plan year coincides with the State's fiscal year (July 1-June 30).

Open enrollment can be active or passive depending on the plan year. Active enrollments require all benefit eligible employees to enroll in benefits plans or waive coverage, even if you wish to keep the same insurance plan that you are currently enrolled in. If you do not enroll in benefits during an active open enrollment, you will be dropped from the State's insurance plans. Unlike active enrollments, passive enrollments do not require the same action from you. If you wish to keep the plan that you are currently enrolled in, you do not need to re-enroll for those benefits.

The open enrollment period for the FY 2015-16 Plan Year is active, meaning all State employees must participate and enroll or waive coverage for medical and dental plans, and Flexible Spending Accounts (FSA). The FY 2015-16 Open Enrollment Period is April 14-May 14, 2015. For more information visit Colorado.gov/dhr/2015OE.

New Hire

New employees must enroll in benefits within the first 31 days of employment with the State as a new hire or re-hire. Benefit elections are effective the *first of the month following your date of hire*.

Changing Your Benefits During the Plan Year

IRS regulations limit when you can make changes to your benefits during the year. After you have made your elections during your first 31 days of eligibility, you cannot change your medical, dental, vision care or Flexible Spending Account (FSA) elections outside annual Open Enrollment (held each April-May) unless you have a qualifying life event that permits you to make benefits changes under IRS rules.

If you experience a qualifying life event, you must provide the required supporting documentation and make changes within **31 days** of the event in the State's benefits administration system www.benefitsolver.com.


Examples of Qualifying Life Events That May Allow You to Make Benefit Changes:


- Marriage
- Civil Union Partnership
- Domestic Partner
- Divorce
- Birth
- Adoption
- Death
- Change in Number of Dependents
- Change in Employment Status—beginning or end of employment for you or your spouse/civil union/domestic partner; going from benefits-eligible to benefits-ineligible (or vice versa); beginning or ending Family Medical Leave
- Dependent Losing Eligibility—dependent child reaches the maximum age of 26
- Dependent Gaining Eligibility
- Change in Health Coverage—significant change in health care coverage for you or your spouse/civil union/domestic partner
- Retirement
- Relocation





Enroll online

Enrollment is completed through the State's online benefits administration portal, www.benefitsolver.com, where you can research plans and enroll in your benefits or waive coverage.


 **Log into the State's benefits administration system, Benefit Solver**
Visit www.benefitsolver.com and login by entering your user name and password. If you are a first-time user, click on 'Register' to set up your user name, password and security questions. The State's 'Company Key' is **soc** (Note: It's case sensitive).


 **Begin enrollment**
Click 'Start Here' and follow the instructions to enroll in your benefits or waive coverage. If you miss the deadline you will waive any electable benefit coverage, and have to wait until the next annual enrollment period to enroll.


 **Wondering what something means?**
View the online glossary in the 'Reference Center.' You can also find your Agency Benefits Administrator contact information on the 'Benefit Administrator List' document housed here.


 **Make your elections**
Review your options as you walk through the enrollment process. Click 'Select' on the plan(s) you choose. Track your choices along the enrollment bar which updates with your total cost. If you have any questions as you go through enrollment contact your Agency Benefits Administrator.

Use the 'Reference Center' to help you make elections. Use the 'My Choice' benefits enrollment tool to project medical costs for each plan.

 **Review your elections**
Review, edit and approve your personal information, elections, dependents and total cost.

 **Approve**
Once you have reviewed your elections and confirm they are accurate, click 'Approve.'

 **Confirm your choices**
Your enrollment isn't complete until you confirm your benefit elections and receive a confirmation number.

 **Print**
Print your election information and confirmation number for future reference.

Changing Your Benefits During the Plan Year

The benefit elections you make will remain in effect until the end of the plan year, unless you are affected by a qualified life changing event.

1. Log into www.benefitsolver.com.
2. Click on the 'Start Here' button to change your benefits or your basic information.
3. Select the life event button and make your changes.

Want to Review Your Current Plan?

You have year-round access to your benefit summary and specific benefit elections at www.benefitsolver.com.

1. Click 'Benefits Summary' in the 'Benefits' tab.
2. Review your current plan.



Health Care Basics

Premiums

A premium is the monthly cost you pay for health insurance. Premiums are deducted directly from your paycheck.

Deductibles

A deductible is the amount you pay out of pocket before your insurance pays. The deductible is set within a plan-year period and once you have met that dollar amount, you have met the requirement for the plan year. For example, if you have a deductible of \$500, you are required to pay that amount before the insurance begins to pay the majority of health care costs. All deductibles count towards your out-of-pocket maximum.

Copays

Copayments or copays, are a pre-set dollar amount you are expected to pay for office visits, medical procedures or prescription drugs under your health insurance plan. Once the copay has been met, the insurance company pays all remaining costs. All copays count towards your out-of-pocket maximum. Copays do not count towards the annual deductibles.



Coinsurance

Coinsurance is a set percentage of service costs that you will be expected to pay once you've met your annual deductible. When your annual deductible is met, your health insurance provider takes responsibility for 80% of the full cost. This means you'll pay 20% of the full cost for a service and the provider pays the majority of the full cost, after you have met your annual deductible. All your coinsurance payments count towards your annual deductible and out-of-pocket maximum.

Out-Of-Pocket Maximum

An out-of-pocket maximum is an annual cap on the dollar amount you are expected to pay out of your own pocket for services (including copays, deductibles and coinsurance) throughout the plan year. These annual caps are set for a single person or a family. This means, once you meet out-of-pocket, your health insurance provider will cover 100% of remaining medical expenses.



Be a Smart Consumer

Things to consider when comparing the State's health insurance plans

Health Insurance Plan Design

The State of Colorado has two health insurance plan designs: copayment plans and high-deductible health plans. The plan designs differ based on how you and the insurance company share the costs of your care. The plan designs have nothing to do with the amount or quality of care you get.

Monthly premiums

This is the amount you pay for health insurance monthly, whether you use medical services or not.

Out-of-pocket costs

These include the costs you pay before your insurance begins to pay its share (your deductible, copayments, coinsurance, and your out-of-pocket maximum).

Type of provider network

A provider network is a list of the doctors, other health care providers, and hospitals that the State's health insurance providers UnitedHealthcare and Kaiser have contracted with to provide health care to members. These providers are called "network providers" or "in-network providers." A provider that hasn't contracted with the health insurance provider is called an "out-of-network provider."

The provider networks for UnitedHealthcare and Kaiser are different. UnitedHealthcare is a preferred provider organization (PPO). This network allows you to see almost any doctor or health care facility in the nationwide network of providers. Kaiser Permanente is a health maintenance organization (HMO). Kaiser plans operate in a closed network and provide services exclusively at Kaiser Health Facilities.

Benefits

All plans offered through the State of Colorado provide the same essential health benefits and cover pre-existing conditions and offer free preventive services.

All health insurance plans offer the following benefits:

- Choice of doctors and hospitals
- Hospitalization
- Prescription drug
- Doctor visits
- Laboratory coverage
- Specialty care (no referrals required)
- Maternity and newborn care
- Urgent care visits
- Free preventive care

Free Preventive Care

Regardless of your health insurance plan, all preventive care services are covered at little or no out-of-pocket cost to you.

- Annual physical exams (e.g. well-woman, well-child exams etc.)
- Preventive Cancer Screenings
- Preventive Mammograms
- Biometric screenings (e.g. cholesterol, blood pressure, diabetes, etc.)
- Flu Shots and other immunizations
- Diabetes Prevention Program

And, more! Please see your health insurance plan for a complete list of preventive services.



Your Medical Benefits

At the State, you can select health insurance from two different providers: UnitedHealthcare and Kaiser Permanente.

The State of Colorado offers four medical options for you to choose from.

- UnitedHealthcare Copayment Plan
- Kaiser Permanente Copayment Plan
- UnitedHealthcare High-Deductible Health Plan
- Kaiser Permanente High-Deductible Health Plan

Network Design

UnitedHealthcare and Kaiser Permanente differ in the provider networks offered.

A provider network is a list of the doctors, other health care providers, and hospitals that an insurer has contracted with to provide medical care to the insurer's members. These providers are called "network providers" or "in-network providers." A provider that hasn't contracted with the insurer is called an "out-of-network provider."

The UnitedHealthcare options allow you to see almost any doctor or health care facility in the nationwide network of providers.

The Kaiser Permanente options operate in a closed network and provide services exclusively at Kaiser Health Facilities.

UnitedHealthcare and Kaiser Permanente Copayment Plans

Copayment plans offer a set copay for most health care services. A copayment, or copay, is the flat amount you pay at the time of a medical service or to receive a medication. Each health insurance option has set copay fees—these fees are printed on your health insurance card.

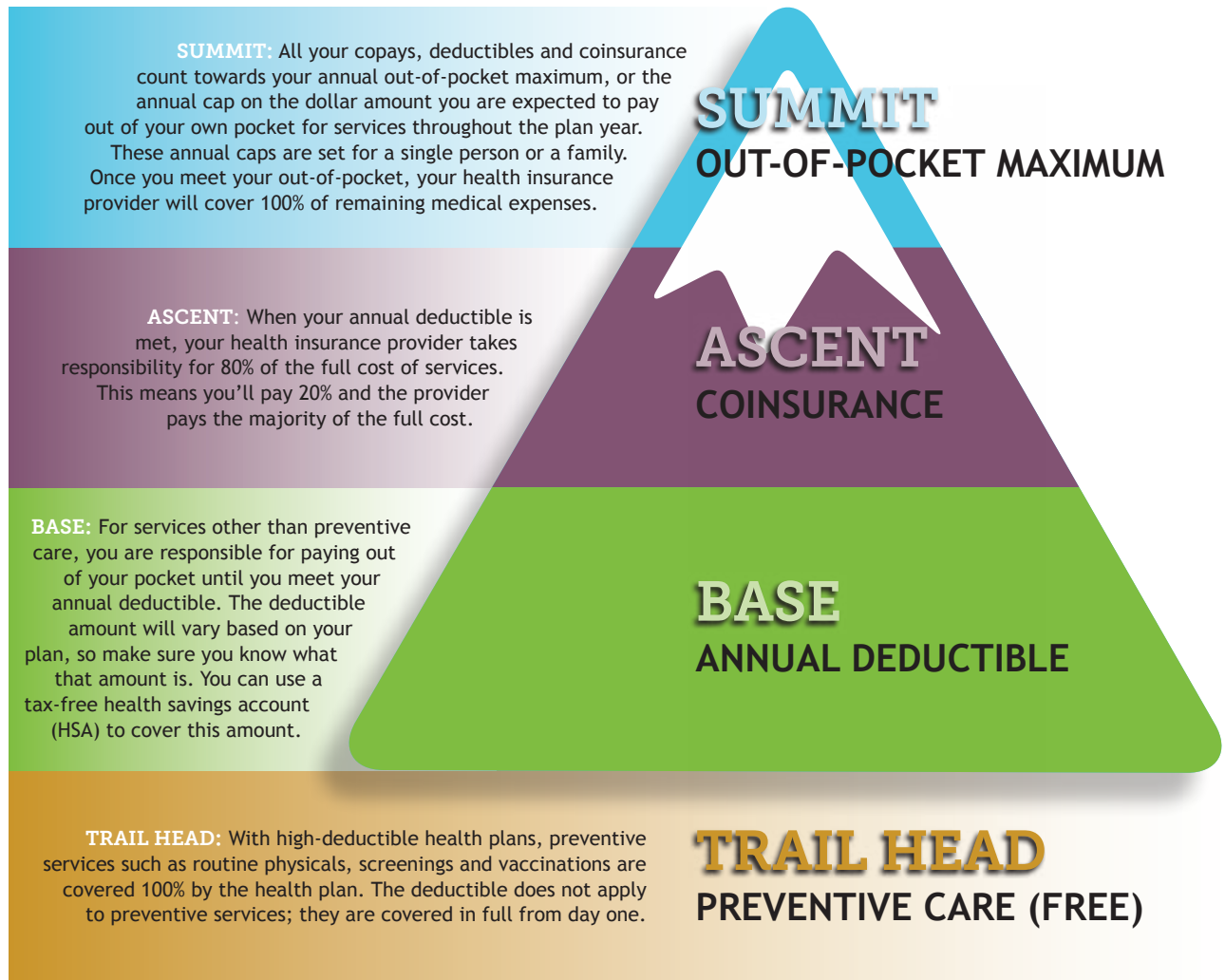
Copayment Plan Design:

- Higher monthly premium or monthly rate you pay for health insurance
- Set copayments (or copays) for most health care services

UnitedHealthcare and Kaiser Permanente High-Deductible Health Plans

High-deductible health plans are designed to help keep premium costs low for you and your family.

How High-Deductible Health Plans Work:



High-Deductible Health Plan Design:

- Lower monthly premium or monthly rate you pay for health insurance
- Higher deductibles or the amount you pay before insurance begins to pay the majority of health care costs

Monthly Medical Rates

FY 2015-16 Plan Year

FY 2015-16 Medical Insurance Premiums (July 1, 2015-June 30, 2016)

Premium deductions listed below are taken directly from your paycheck.

Medical Plans	Employee Only		Employee + Spouse		Employee + Child(ren)		Employee + Spouse + Child(ren)	
	Cost State Covers	Your Cost	Cost State Covers	Your Cost	Cost State Covers	Your Cost	Cost State Covers	Your Cost
UnitedHealthcare High-Deductible Health Plan	\$465.61	\$18.20	\$872.59	\$132.14	\$866.78	\$44.46	\$1,230.06	\$202.24
UnitedHealthcare Copayment Plan	\$465.61	\$135.14	\$872.59	\$377.74	\$866.78	\$266.66	\$1,230.06	\$553.10
Kaiser High-Deductible Health Plan	\$465.61	\$56.20	\$872.59	\$212.22	\$866.78	\$116.02	\$1,230.06	\$315.74
Kaiser Copayment Plan	\$465.61	\$89.20	\$872.59	\$280.22	\$866.78	\$177.02	\$1,230.06	\$412.74

This premium information reflects the State funding level as currently reflected in the Long Bill, which is in the final stages of the legislative process. Should these employer contribution amounts change, the State and employee contributions will be adjusted accordingly among the four coverage levels. If adjusted contributions become necessary, a revised chart will be made available on our Web site www.colorado.gov/dhr/benefits and sent to your department's benefits, payroll, and HR staff. Watch for communication from EBU or from your department for any updates. However, do not delay your open enrollment until the last minute. *Revised March 2015.*

Do you qualify for reductions on your monthly premium?

The supplement for medical insurance is available to qualified low-income State employees with dependent children. The application period generally begins the same day as open enrollment, but concludes a week later than open enrollment.

To be eligible for the supplement in the FY 2015-16 plan year, **employees must complete an application.** If you are currently receiving the supplement, you must apply every plan year to receive the premium reductions.

For detailed information, required documentation or to learn if you qualify, visit colorado.gov/dhr/supplement-program.

Want to save \$20 every month on your medical premium by participating in the State of Colorado Wellness Program?

Learn more at colorado.gov/wellness.

Want to compare premiums to the FY 2014-15 Plan Year?

Download it at:

Colorado.gov/dhr/OE/designcomparison.

Medical Plan Cost Comparison

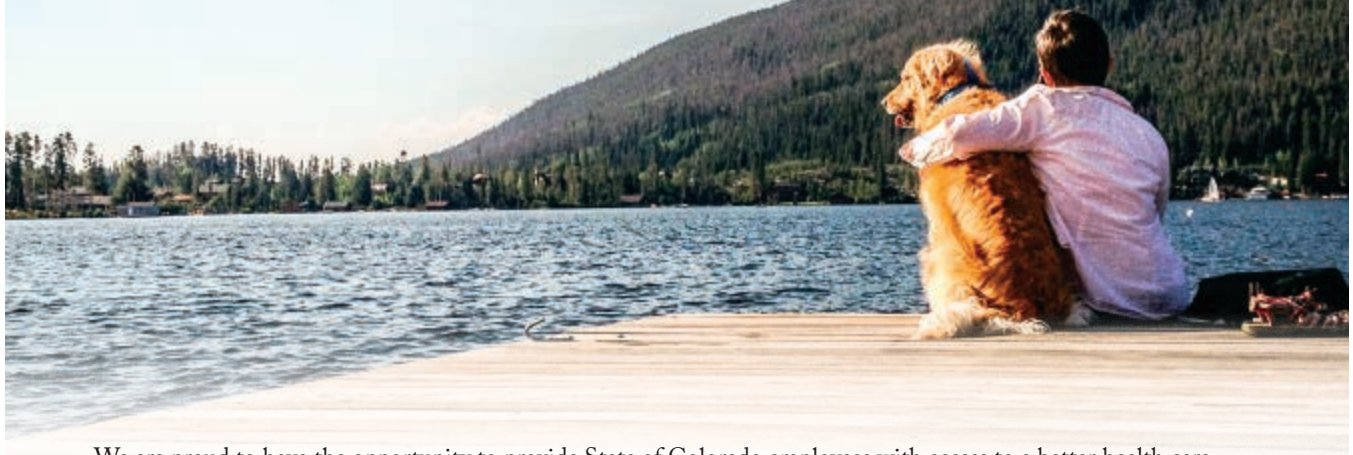
FY 2015-16 Plan Year

	Copayment Plan Designs		High-Deductible Health Plan Designs	
	UnitedHealthcare	Kaiser Permanente	UnitedHealthcare	Kaiser Permanente
Deductible (In-Network)	\$1,500 individual \$3,000 family	\$750 individual \$1,500 family	\$1,500 individual \$3,000 family	\$1,500 individual \$3,000 family
Deductible (Out-of Network)	\$3,000 individual \$6,000 family	N/A	\$4,500 individual \$9,000 family	N/A
Co-Insurance (In-Network)	20%	10%	20%	10%
Co-Insurance (Out-of-Network)	50%	N/A	50%	N/A
Out-of-Pocket Max. (In-Network)	\$5,000 individual \$10,000 family	\$2,000 individual \$4,000 family	\$3,000 individual \$6,000 family	\$2,000 individual \$4,000 family
Out-of-Pocket Max. (Out-of-Network)	\$10,000 individual \$20,000 family	N/A	\$9,000 individual \$18,000 family	N/A
Primary Care Office Visit	\$30	\$30 plus 10% Coinsurance	20% Coinsurance after Deductible is met	10% Coinsurance after Deductible is met
Preventive Office Visit	\$0	\$0	\$0	\$0
Specialist Office Visit	\$50	\$50 plus 10% Coinsurance	20% Coinsurance after Deductible is met	10% Coinsurance after Deductible is met
Prescription Drugs: Generic	\$10	\$10	\$10 Copay after Deductible is met	\$10 Copay after Deductible is met
Prescription Drugs: Preferred	\$30	\$30	\$30 Copay after Deductible is met	\$30 Copay after Deductible is met
Prescription Drugs: Non-Preferred	\$50	N/A	\$50 Copay after Deductible is met	N/A
Prescription Drugs: Specialty	20% Coinsurance up to \$100 per drug dispensed per prescription	20% Coinsurance up to \$100 per drug dispensed per prescription	20% Coinsurance up to \$100 per drug dispensed per prescription after Deductible is met	20% Coinsurance up to \$100 per drug dispensed per prescription after Deductible is met
Specialty Drugs: Office Administered	20% Coinsurance after Deductible is met	10% Coinsurance after Deductible is met	20% Coinsurance after Deductible is met	10% Coinsurance after Deductible is met
Outpatient Surgery	20% Coinsurance after Deductible is met	10% Coinsurance after Deductible is met	20% Coinsurance after Deductible is met	10% Coinsurance after Deductible is met
Ambulance	20% Coinsurance after Deductible is met	\$500 Copay	20% Coinsurance after Deductible is met	10% Coinsurance after Deductible is met
Emergency Room	\$500 Copay	\$500 Copay	20% Coinsurance after Deductible is met	10% Coinsurance after Deductible is met
Urgent Care	\$75 Copay	\$75 Copay	20% Coinsurance after Deductible is met	10% Coinsurance after Deductible is met
Hospital	\$1,000 Copay plus 20% Coinsurance	10% Coinsurance after Deductible is met	20% Coinsurance after Deductible is met	10% Coinsurance after Deductible is met

Want to compare cost to the FY 2014–15 Plan Year? Download it at:
Colorado.gov/dhr/OE/designcomparison.

YOU ARE HERE. WE ARE TOO.

2015/2016 BENEFIT ENROLLMENT GUIDE



We are proud to have the opportunity to provide State of Colorado employees with access to a better health care experience. This begins with helping employees choose the right health plan for themselves and their families. The State is offering the **Co-pay Choice Plus Plan** and the **High Deductible Health Plan with Health Savings Account (HSA)**. Both plans offer a national network of over 783,000 health care professionals and 5,700 hospitals. They also give employees online tools and resources to help them manage their health benefits.

State of Colorado employees have a dedicated support site for all of their open enrollment information: welcometouhc.com/colorado. The site offers:

- ▶ Details on both health plan options, including a plan comparison grid
- ▶ Information on other benefits, such as pharmacy and vision
- ▶ Searches for doctors, hospitals, pharmacies and vision providers
- ▶ Lists of wellness programs available through a UnitedHealthcare health plan
- ▶ Links to learn more about the online tools and resources, including the UnitedHealthcare Health4Me™ mobile app, UHC TV, and more



The website is accessible for easier viewing on smartphones or tablets, as well as for those with disabilities. While visiting the site, employees can watch an introduction video by the UnitedHealthcare account representatives. The video gives an overview of the health plan options, wellness programs and online resources for employees.

The UnitedHealthcare plan with Health Savings Account (HSA) is a high deductible health plan (HDHP) designed to comply with IRS requirements so eligible enrollees may open a Health Savings Account (HSA) through Optum Bank, Member FDIC. The "HSA" refers generally to the UnitedHealthcare HSA product, which includes a HDHP, although at times "HSA" may refer only and specifically to the UnitedHealthcare Health Savings Account, provided in conjunction with Optum Bank and not to the associated HDHP.

Participation in the Health Assessment is strictly voluntary. Any health information collected as part of the assessment will be kept confidential in accordance with the Notice of Privacy Practices; be used only for health and wellness recommendations or for payment, treatment or health care operations; and be shared with your health plan, but not with your employer.

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Once a State of Colorado employee becomes a UnitedHealthcare member, they have access to a variety of programs and tools to help them live happier, healthier lives.

The one-stop resource for managing health care

UnitedHealthcare members can log into **myuhc.com**® for continuous access to their health benefits. This member website is the gateway to help employees:

- ▶ Understand their benefits coverage
- ▶ View and track claims
- ▶ Compare treatment costs
- ▶ Find a network doctor or hospital
- ▶ Take their online health assessment
- ▶ And more!



A new experience in health care: Paladina Health

New this year, Paladina Health is a primary care option that offers employees and their families a patient-first experience, with unhurried appointments and personalized care from a doctor. By choosing Paladina Health, employees can:

- ▶ **Partner with an experienced primary care physician.** Doctors deliver a broad scope of care, including primary and preventive care, chronic disease management, urgent care, and coordination with specialists and hospitals
- ▶ **Access their physician 24/7.** Employees can reach their doctor via cell for urgent needs, by email or by visiting their physician at a convenient location
- ▶ **Save money.** Most services are free, with no co-pays or co-insurance. Employees enrolled in the High Deductible Health Plan and actively contributing to an HSA may have co-pays for some services.

Employees can learn more about Paladina Health by visiting paladinahealth.com/colorado.

Beginning this year, Paladina Health services will be offered in the following areas:

- ▶ Boulder
- ▶ Cañon City
- ▶ Colorado Springs
- ▶ Denver metro area:
 - Broomfield
 - Capitol Hill Denver
 - Centennial
 - Denver Tech Center
 - LoDo Denver
 - Lakewood



ENGAGE EMPLOYEES IN THEIR WELLNESS

The State of Colorado Employee Wellness Program, powered by CaféWell®, offers fun and rewarding wellness challenges, advice from experts and the opportunity to complete the online health assessment. Employees can save up to \$240 a year on their premium by participating in the program. To get started, employees can visit colorado.gov/wellness.





Colorado's #1
Private Health Plan¹
and a better choice
for good health

Choose Kaiser Permanente

**We're care and
coverage together.
We're your
healthcare partner.**

We stand for total health – YOURS.

- You're at the center of your care. Your Kaiser Permanente doctors, nurses, and specialists, all connected by your electronic health record, work together to help you manage your health.
- We hire more top doctors from the nation's top medical schools than any other health care organization in the country.
- As the largest non-academic medical research organization in the US, we're pioneering new ways to prevent, detect and treat illness, so you can live happy and healthy for years to come.

Kaiser Permanente gives you MORE.

- You can get care at Kaiser Permanente medical offices or with affiliated providers in your community.
- At many locations, your doctor, lab services, X-rays, and pharmacy are all under one roof, so you can save time and do more in one visit.
- We've partnered with top hospitals along the Front Range, including Saint Joseph Hospital, Children's Hospital, Good Samaritan, St. Mary Corwin Medical Center, Memorial Hospital and McKee Medical Center.
- We cover most of your preventive care, like wellness visits, screenings and flu shots.
- You can access emergency care worldwide.
- Your coverage includes healthy extras, like free classes, online wellness programs, and personalized coaching by phone.²
- You can email your Kaiser Permanente physician with routine questions, refill most prescriptions online, and call our nurse advice line 24 hours a day, at no additional cost.³

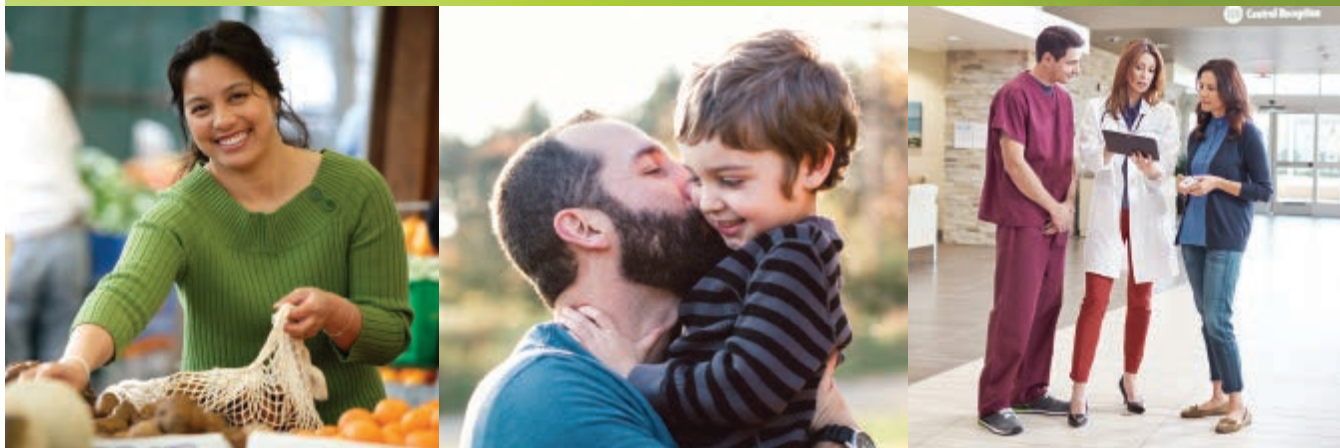
1 Please refer to "NCQA's Private Health Insurance Plan Rankings 2013-2014" posted online at www.ncqa.org.

2 The information provided is a summary only. For a list of services available with your plan, see your *Evidence of Coverage*.

3 Primarily available at Kaiser Permanente medical offices.



Visit us online at kp.org/stateofcolorado



Whether you're a long-time member or considering Kaiser Permanente for the first time, everything you need to find a better choice for good health, can be found on my.kp.org/stateofcolorado.

Visit the dedicated site for State of Colorado employees, where you can:

- View comprehensive plan summaries, benefit comparisons and high-level product videos, to learn how the new Deductible HMO (DHMO) plan and High-Deductible Health Plan (HDHP) work.
- Get answers to frequently asked questions about Kaiser Permanente and the benefits of being a member.
- Watch 2-minute videos highlighting our integrated care model and why Kaiser Permanente could be the right choice for you.
- Find Kaiser Permanente locations, physicians and community providers across the entire Front Range.
- Visit links to health and wellness information that can help you feel your best.

Learning more about your health plan options and the benefits of being a Kaiser Permanente member are just a call or click away.

Visit:
my.kp.org/stateofcolorado

Call:
1-866-635-8743

Email:
StateOEKaiser@kp.org



Your Vision Plans

Vision plans are offered through the State's health insurance providers, UnitedHealthcare and Kaiser Permanente. You are automatically enrolled in the vision coverage offered through your health insurance provider at no cost.

UnitedHealthcare Vision

UnitedHealthcare provides annual eye exams to all members under the medical option. In addition, you have access to the UnitedHealthcare Vision Plan, which includes a credit that can be used toward the purchase of eyeglass lenses, frames, or contact lenses, once every 24 months. You can fill a prescription for eyeglass lenses, frames or contact lenses at any provider in the UHC Vision Network.

Kaiser Permanente Optical Benefit

Your optical benefit includes a credit that can be used toward the purchase of eyeglass lenses, frames, or contact lenses, once every 24 months. You can fill a prescription for eyeglass lenses, frames or contact lenses at any Vision Essentials by Kaiser Permanente Optical Store.



Your Dental Benefits

Dental coverage is important to your overall health. The State offers dental insurance through Delta Dental.

The State of Colorado offers two dental plans for you to choose from.

- Basic Plan
- Basic Plus Plan

The dental plans differ in monthly premium cost and how much reimbursement is available.

Delta Dental's Prevention First Program allows diagnostic and preventive services (e.g. exams, x-rays, cleanings, etc.)

that do not count towards the annual maximum benefit. When you see an in-network Delta Dental provider you will always have your preventive and diagnostic services covered at 100% even if your annual maximum benefits have already been reached for the plan year.

Network Design

Both of the State's dental plans utilize Delta Dental's largest provider network which includes all of Delta Dental's PPO and Premier dentists.

You will save money whenever you see a Delta Dental PPO or Premier dentist because these participating, "in-network" dentists provide pricing discounts which mean you will have lower out-of-pocket costs. The Delta Dental PPO dentists provide the largest pricing discounts which will save you the most amount of money.



Quick Guide to Dental Services:

- Preventive services include: semi-annual check-ups (including x-rays), cleanings and fluoride treatments (for children)
- Basic services include: fillings, oral surgery, root canal therapy and extractions
- Major services include: bridges, crowns, dentures and implants
- Orthodontic services include: complete orthodontic evaluation and active orthodontic treatment for covered adults and children

You can also see non-participating, out-of-network dentists but it will cost you more because these dentists are "out-of-network" and do not provide pricing discounts and balance billing may occur.

You may choose to see any licensed dentist at any time.

Monthly Dental Rates

FY 2015-16 Plan Year

FY 2015-16 Dental Insurance Premiums (July 1, 2015-June 30, 2016)

Premium deductions listed below are taken directly from your paycheck.

Dental Plans	Employee Only		Employee + Spouse		Employee + Child(ren)		Employee + Spouse + Child(ren)	
	Cost State Covers	Your Cost	Cost State Covers	Your Cost	Cost State Covers	Your Cost	Cost State Covers	Your Cost
Dental Basic	\$25.92	\$4.28	\$42.62	\$15.76	\$46.44	\$14.76	\$62.22	\$27.14
Dental Basic Plus	\$25.92	\$18.38	\$42.62	\$43.92	\$46.44	\$44.32	\$62.22	\$70.80

This premium information reflects the State funding level as currently reflected in the Long Bill, which is in the final stages of the legislative process. Should these employer contribution amounts change, the State and employee contributions will be adjusted accordingly among the four coverage levels. If adjusted contributions become necessary, a revised chart will be made available on our Web site www.colorado.gov/dhr/benefits and sent to your department's benefits, payroll, and HR staff. Watch for communication from EBU or from your department for any updates. However, do not delay your open enrollment until the last minute. *Revised March 2015.*

Dental Plan Cost Comparison

FY 2015-16 Plan Year

	Dental Basic Plan	Dental Basic Plus Plan
Plan Year Deductible	\$50 per person. \$150 per family.	\$50 per person. \$150 per family.
Annual Maximum Benefit	\$1,000 per person per plan year.	\$2,000 per person per plan year.
Preventive & Diagnostic Services	100% coverage. Preventative and diagnostic services do not count toward the annual maximum benefit.	100% coverage. Preventative and diagnostic services do not count toward the annual maximum benefit.
Basic Services	70% coverage.	80% coverage.
Major Services	50% coverage.	50% coverage.
Orthodontics Services	Not applicable.	50% coverage. \$2,000 per person per lifetime (for children and adults).

Want to compare cost to the FY 2014–15 Plan Year? Download it at:
Colorado.gov/dhr/OE/designcomparison.



Flexible Spending Accounts (FSAs)

Flexible Spending Accounts (FSAs)

FSAs help you make your money go farther by letting you set aside pre-tax dollars to pay for certain out-of-pocket eligible health care and dependent day care costs.

Here's how they work:

- You make contributions from your pay on a pre-tax basis.
- Contributions aren't subject to federal income tax, Social Security tax, and, in most cases, state income tax.
- The tax savings help offset the cost of eligible health care and dependent day care expenses.
- You are not taxed on reimbursements from your FSAs.

The State of Colorado offers three types of FSAs:

- **General Purpose Health Care FSA**—To pay for eligible medical, dental, and vision care expenses.
- **Limited Purpose Health Care FSA**—To pay only for eligible dental and vision care expenses.
- **Dependent Day Care FSA**—To pay for eligible child care and elder care expenses.

Making FSA Contributions

The annual amount you contribute to your FSA is deducted from your paychecks in equal installments, on a pre-tax basis, from July 1, 2015 through June 30, 2016, and credited to your FSA account(s).

Incurring Claims

The State's FSAs work via reimbursement. You contribute money each month, and then after you incur your expenses, you submit a claim. You are then reimbursed the eligible claim amount. You can incur claims for eligible expenses from July 1, 2015 through June 30, 2016. You will have until October 15, 2016 to submit claims for reimbursement.

Use [ASIFlex's tax savings calculator](#) to estimate your health care or dependent day care expenses and what you may be able to save on your taxes.

The FSA Carryover Provision for the FY 2015-16 plan year is up to \$500.

You will be allowed to carryover up to \$500 of unused Healthcare FSA funds from the FY 2015-16 plan year to the FY 2016-17 plan year. The Carryover Provision will apply to both the General Purpose and Limited Purpose Healthcare FSA options. Unused health care funds in excess of \$500 will be forfeited.

HEALTH CARE FSA

If you enroll in a Health Care FSA you can contribute a minimum of \$10 per month and up to a maximum of \$2,550 per plan year. Another advantage of enrolling in the Health care FSA is that your whole annual contribution amount for the plan year is available for use on qualified expenses on the day your plan starts, even though your contributions are spread out over the entire plan year.

DEPENDENT DAY CARE FSA

If you have child day care or elder care expenses, consider taking advantage of the Dependent Day Care FSA. In the same way that the Health Care FSA lets you set aside pre-tax dollars for eligible health care expenses, you can use the Dependent Day Care FSA to contribute a minimum of \$10 per pay month and up to \$5,000 per year of pre-tax dollars for child day care expenses while you work. Examples of eligible dependent care expenses include:

- Day care and babysitter costs
- Nursery school
- Before- and after-school programs
- Summer day camps





Disability Income

Short-Term Disability Benefits

DISABILITY INCOME INSURANCE PLANS

To help protect your income in the event of a disability, the State provides eligible employees with Short-Term Disability (STD) Insurance. Employees who regularly work at least 30 hours or more each week are eligible to enroll in Optional Long-Term Disability (LTD) Insurance on a voluntary basis. For the FY 2015-16 plan year both the STD and Optional LTD plans will be provided through the Unum Insurance Company.

SHORT-TERM DISABILITY (STD) INSURANCE

The State provides most benefit eligible employees with short-term disability insurance which pays up to 60% of your weekly pre-disability income, up to a maximum STD weekly benefit payment of \$2,310 per week, for up to 150 days during any 12 month period, following the required STD benefit waiting period which is 30 days or until the end of all sick leave, whichever is longer. You are automatically enrolled into the short-term disability insurance plan and coverage is effective the first day of the month following your date of hire.

However, your STD insurance effective date will be delayed if you are not in active employment because of injury, sickness, temporary layoff, or leave of absence on the date that your STD insurance would otherwise become effective. Your STD insurance will become effective the first day of the month following your return to active employment.

What Disabilities Will Not Be Covered Under Your Unum STD Plan?

The Unum STD plan does not cover any disabilities caused by, contributed by, or resulting from the employee's:

- intentionally self-inflicted injuries
- active participation in a riot
- loss of a professional license, occupational license or certification
- commission of a crime for which the insured has been convicted

STD Plan Exclusions

- Your Unum STD plan will not cover a disability due to war, declared or undeclared, or any act of war.
- Your Unum STD plan will not pay a benefit for any period of disability during which the insured is incarcerated.

Taxation of STD Benefits

Internal Revenue Code (IRC) Section 105 indicates that STD benefits, as sick pay, are to be included in the gross income of employees if the employer pays part or all of the premium for the STD coverage. In these situations, the STD disability benefits received by the employee are subject to federal taxation. The State of Colorado pays the entire STD insurance premium which means that the STD benefits received are 100 percent taxable to the employee.

PERA Defined Benefit Vested Employee & Unum Short-Term Disability (STD)

Employees with at least five years of PERA Defined Benefit (DB) Retirement Plan covered employment service may be eligible for PERA STD benefits. The Unum STD insurance coverage will always coordinate with an employee's PERA STD coverage. The PERA STD benefits will always be the primary STD benefits and will be an offset to Unum's STD benefits.

Optional Long-Term Disability Benefits

OPTIONAL LONG-TERM DISABILITY (LTD) INSURANCE (Employee Paid)

Eligible employees who regularly work at least 30 hours or more each week can choose Optional Long-Term Disability (LTD) insurance, but must pay the entire premium each month. LTD premiums for FY 2015-16 are determined by salary, age and PERA Defined Benefit (DB) Retirement Plan vesting status. Optional LTD premiums are deducted from pay post-tax.

IMPORTANT—Guaranteed Acceptance for New Hires and during the FY 2015-16 Open Enrollment Period

If you elect to enroll in the Optional LTD Insurance plan as a new hire or during the FY 2015-16 open enrollment period you will automatically be enrolled into the Optional LTD insurance plan, without having to prove good health, with an effective date of July 1, 2015. However, your Optional LTD insurance effective date will be delayed if you are not in active employment because of injury, sickness, temporary layoff, or leave of absence on the date that your Optional LTD insurance would otherwise become effective. Your Optional LTD insurance will become effective the first day of the month following your return to active employment.

What Disabilities Will Not Be Covered Under Your Unum Optional LTD Plan

Your Unum Optional LTD plan does not cover any disabilities caused by, contributed by, or resulting from the employee's:

- intentionally self-inflicted injuries
- active participation in a riot
- loss of professional license, occupational license or certification
- commission of a crime for which the employee has been convicted
- pre-existing condition

What is a Pre-Existing Condition?

The employee has a pre-existing condition if:

- the employee received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs or medicines in the 3 months just prior to the employee's effective date of Optional LTD coverage; and
- the employee's disability begins in the first 12 months after the employee's effective date of Optional LTD coverage.

Optional LTD Plan Exclusions

- Your Unum Optional LTD plan will not cover a disability due to war, declared or undeclared, or any act of war.
- Your Unum Optional LTD plan will not pay a benefit for any period of disability during which the insured is incarcerated.

Taxation of Optional LTD Benefits

The employee's Optional LTD benefits are **not subject** to federal taxation because an employee pays 100% of the Optional LTD premium on a post-tax basis which means that the Optional LTD benefits are not included in the gross income of the employee.

PERA Defined Benefit Vested Employee & Unum Optional Long-Term Disability (LTD)

Employees with at least five years of PERA Defined Benefit (DB) Retirement Plan covered employment service may be eligible for PERA Disability benefits. The Unum Optional LTD insurance coverage will always coordinate with an employee's PERA Disability coverage. The PERA Disability benefits will always be the primary Disability benefits and will be an offset to Unum's Optional LTD benefits.

FY 2015-16 Optional LTD Insurance—Monthly Premium Rates

Monthly premium rate is a percentage of an employee's monthly covered compensation.

Age	PERA Vested*	PERA Non-Vested**
Under age 30	0.0012	0.0035
30-34	0.0012	0.0035
35-39	0.0014	0.0042
40-44	0.0018	0.0052
45-49	0.0024	0.0073
50-54	0.0037	0.0111
55-59	0.0055	0.0165
60-64	0.0076	0.0243
65-69	0.0083	0.0249
Age 70 and Over	0.0101	0.0302
* If you are vested in the PERA Defined Benefit (DB) Retirement Plan, use these Optional LTD premium rates.		
** If you are non-vested in the PERA Defined Benefit (DB) Retirement Plan or you are enrolled in the PERA Defined Contribution (DC) Retirement Plan, use these Optional LTD premium rates.		

Example of Premium Calculation

If you are vested in the PERA Defined Benefit (DB) Retirement Plan, age 42, with a monthly covered salary of \$4,000, your monthly premium would be \$7.20 per month (the age 42 PERA Vested premium rate is .0018, multiplied by monthly covered salary of \$4,000 = \$7.20 per month).



Life Insurance

Basic Life/AD&D

Life Insurance

The State offers several group term life insurance options through Minnesota Life Insurance Company. All eligible employees are automatically enrolled in the Basic Life insurance plan and are also eligible to voluntarily enroll in the Optional Life insurance plan for themselves and their eligible dependents. All life insurance includes a matching amount of Accidental Death & Dismemberment (AD&D) coverage.

When you are covered by Minnesota Life Insurance (Basic Life or Optional Life) you have access to Life Suite Services which include:

- Legal, Financial and Grief Resources
- Travel Assistance Resources
- Legacy Planning Resources

Basic Life Insurance (Employer Provided)

Beginning July 1, 2015 your Basic Life insurance benefit will be equal to one times your annual base regular pay, rounded to the next higher \$1,000 if not already a multiple thereof, with a minimum benefit of \$50,000 and a maximum benefit of \$150,000. For the FY 2015-16 plan year your annual base regular pay amount will be your pay as of July 1, 2015.

You are automatically enrolled in the Basic Life plan. The State pays 100% of your Basic Life insurance premium.

Be sure to designate a beneficiary for your life insurance. Your beneficiary designations must be made through the State's online benefits administration system, www.benefitsolver.com.

Optional Life/AD&D

Optional Life Insurance for Employee, Spouse and Children (Employee paid)

In addition to your Basic Life insurance, you may elect to enroll for additional life insurance for yourself, your spouse and your eligible child(ren) through Minnesota Life.

You can buy optional life insurance at a minimum of \$10,000 and up to a maximum of \$500,000 in increments of \$10,000 for yourself. You can purchase optional life insurance at anytime.

- When you enroll in optional life insurance for yourself, you can elect optional life coverage for your spouse (including common-law spouse), civil union partner, and

same-gender domestic partner in increments of \$10,000 up to a maximum of \$250,000, but not to exceed 50% of the employee's optional life coverage.

- When you enroll in optional life insurance for yourself, you may also elect optional life coverage for your eligible children in the amounts of \$5,000 or \$10,000.

Enrollment and providing Evidence of Insurability (EOI) is completed through the State's online benefits administration system, www.benefitsolver.com and must be completed when an you or your spouse is applying for new coverage or increasing coverage during open enrollment.

Optional Life Insurance Rates

FY 2015-16 Plan Year

FY 2015-16 Life Insurance Insurance Premiums

Premium Deductions listed below are taken directly from your paycheck.

	Employee		Spouse		Child(ren)
Monthly Premium Cost per \$10,000 of coverage (based on employee or spouse age as of 12/31/2014)	Under age 30	\$0.60	Under age 30	\$0.80	Option 1. The monthly premium for \$5,000 coverage is \$0.50 per month per family unit
	Age 30-34	\$0.80	Age 30-34	\$1.00	
	Age 35-39	\$0.80	Age 35-39	\$1.20	
	Age 40-44	\$1.00	Age 40-44	\$1.20	
	Age 45-49	\$1.00	Age 45-49	\$1.80	
	Age 50-54	\$1.60	Age 50-54	\$2.60	Option 2. The monthly premium for \$10,000 coverage is \$1.00 per month per family unit
	Age 55-59	\$2.80	Age 55-59	\$4.60	
	Age 60-64	\$4.60	Age 60-64	\$6.80	
	Age 65-69	\$9.20	Age 65-69	\$13.40	
	Age 70 and Over	\$13.80	Age 70 and Over	\$21.20	
Minimum amount of Coverage	\$10,000		\$10,000		\$5,000
Maximum amount of Coverage	\$500,000		\$250,000 <i>Spouse coverage may not exceed 50% of the Employee's coverage</i>		\$10,000 <i>Child coverage may not exceed 50% of the Employee's coverage</i>
Purchase Units	Employee coverage must be purchased in units of \$10,000		Spouse coverage must be purchased in units of \$10,000		Child coverage must be purchased in units of \$5,000

Imputed Income on Life Insurance

According to the Internal Revenue Code (IRC) regulations (IRC Section 79), group term life insurance coverage in excess of \$50,000 may be subject to federal taxes based on a graduated rate table provided by the IRC. The amount of life insurance in excess of \$50,000 is multiplied by a premium rate based on an employee's age as of the end of the calendar year, which results in a monthly amount of imputed income. This imputed income, reduced by the amount of premium the employee paid toward the insurance, is taxable as a benefit and is, therefore, added to the employee's applicable wage base.



Retirement/PERA

The Colorado Public Employees' Retirement Association (PERA) provides retirement and other benefits to employees of the State of Colorado.

What Plans Does PERA Offer?

PERA has two types of Plans—a Defined Benefit (DB) Plan and a Defined Contribution (DC) Plan available for eligible new State employees. Both Plans are considered 401(a) plans and are created under that section of the Internal Revenue Code. The PERA DB Plan is the traditional pension plan, where your contributions are invested by professionals for you. In the PERA DC Plan, you direct your investments to an array of fund options, similar to a 401(k) plan.

What is the difference between the PERA DB and DC Plans?

Under PERA's hybrid DB Plan, you earn a monthly lifetime retirement benefit based on age, number of years of service, and your Highest Average Salary (HAS). Upon termination of employment you will have access to your contributions (plus interest and an employer match, if applicable). You also qualify for additional built-in benefits, including survivor and disability benefit coverage.

Under the PERA DC Plan, you will set how your contributions will be invested. The PERA DC Plan is based solely on the money you and your employer have contributed, and the investment earnings or losses incurred, minus expenses. The amount of your retirement benefit is difficult to determine given that the amount depends on the success of your investment decisions, when you begin withdrawals, and your life expectancy. With the PERA DC Plan, you bear the risk of outliving your investments.

For more information, visit:

www.copera.org/members/pera-defined-contribution-dc-plan.

Under either option, you may choose to contribute additional retirement savings to the voluntary PERA Plus 401(k) and 457 Plans.

Contributions

Both PERA DB and PERA DC Plan contributions of 8 percent are tax deferred, which means reduced current state and federal income taxes (State Troopers and CBI Agents 10 percent). Learn more at copera.org.

Opportunity to Switch Plans

You will have the one-time option of switching between the PERA DB and DC Plans. Between month 13 and month 72 of participation you can end participation in one plan and begin participation in the other plan.



C-SEAP

Colorado State Employee Assistance Program

C-SEAP is a professional assessment, referral, and short-term counseling service offered to State employees with work-related or personal concerns, as well as a resource for supervisors and managers seeking individual managerial consultation, work-group organizational development, assistance with conflict resolution, or help with resolution of work-place traumatic events.

- Confidential Counseling
- Conflict Resolution/Mediation
- Manager and Supervisor Consultation
- Managing a Crisis
- Workplace Violence/Substance Abuse Risk Reduction

C-SEAP has been your trusted confidential resource for over 30 years! Improving the quality of life and work for State employees through organizational and individual assistance. Experienced staff provide professional support to every region of the state.

C-SEAP Provides Confidential Counseling

- Drug and Alcohol Abuse Concerns
- Work Issues
- Family Issues
- Couples/Relationship
- Domestic Violence
- Stress
- Grief or Loss





FY 2015-16 Paid Holidays and Time Off

Paid Holidays

As defined in C.R.S. 24-11-101, the following are the legal holidays for FY 2015-2016.

Friday, July 3, 2015	Independence Day
Monday, September 7, 2015	Labor Day
Monday, October 12, 2015	Columbus Day
Wednesday, November 11, 2015	Veteran's Day
Thursday, November 26, 2015	Thanksgiving Day
Friday, December 25, 2015	Christmas Day
Friday, January 1, 2016	New Year's Day
Monday, January 18, 2016	Martin Luther King, Jr. Day (3rd Monday in January)
Monday, February 16, 2016	President's Day (3rd Monday in February)
Monday, May 30, 2016	Memorial Day (last Monday in May)

Department Executive Directors have the discretion to grant requests for Cesar Chavez Day (March 31st) in lieu of another holiday within the same fiscal year. When granting such requests, the department must be open and minimally operational on both days (holiday and March 31st) and employees must be able to perform work.

Paid Time Off

All employees accrue sick and annual (i.e. vacation) leave. The amount of sick and annual leave you receive each year is defined in State Personnel Rule 5-7 and is as follows:

Years of Service	Annual Leave Accrued	Sick Leave Accrued
0-5 years	8 hours per month	6.66 hours per month
6-10 years	10 hours per month	6.66 hours per month
11-15 years	12 hours per month	6.66 hours per month
16+ years	14 hours per month	6.66 hours per month

There are limits placed on the maximum amount of annual leave that you can accrue and carry over to the following fiscal year. As defined in State Personnel Rule 5-7, over accrued annual leave will be forfeited on July 1st of each year. The maximum annual and sick leave accruals are as follows:

Years of Service	Annual Leave Accrual Cap	Sick Leave Accrual Cap
0-5 years	192 hours	360 hours
6-10 years	240 hours	360 hours
11-15 years	288 hours	360 hours
16+ years	336 hours	360 hours



Important Updates and Information

Children's Health Insurance Program (CHIP)

CHIP provides low-cost health coverage to children in families that earn too much money to qualify for Medicaid. In some states, CHIP covers parents and pregnant women. Each state offers CHIP coverage, and works closely with its state Medicaid program.

What CHIP covers

CHIP benefits are different in each state. But all states provide comprehensive coverage, including:

- Routine check-ups
- Immunizations
- Doctor visits
- Prescriptions
- Dental and vision care
- Inpatient and outpatient hospital care
- Laboratory and X-ray services
- Emergency services



States may provide more CHIP benefits. Check with your state for information about covered services.

What CHIP costs

Routine “well child” doctor and dental visits are free of charge under CHIP. But there may be copayments for other services. Some states charge a monthly premium for CHIP coverage. The costs are different in each state, but you won't have to pay more than 5% of your family's income for the year.

See if your children qualify for CHIP

Each state program has its own rules about who qualifies for CHIP. There are two ways to see if your children qualify:

Visit www.insurekidsnow.gov and select your state.
Or call 1-877-543-7669.

Medicaid

Colorado Medicaid is public health insurance for low-income Coloradans who qualify. Colorado Medicaid is funded jointly by a federal-state partnership and is administered by the Department of Health Care Policy and Financing.

Who Qualifies?

The Affordable Care Act provides a new simplified method for calculating income eligibility for Medicaid and Child Health Plan Plus (CHP+). This new method calculates eligibility for all programs based on what is called modified adjusted gross income (MAGI). The use of MAGI standardizes income eligibility rules across all states and all medical assistance and insurance affordability programs.

You may qualify if you fall under one of the following categories:

- Children ages 0-18 whose household income does not exceed 142% Federal Poverty Level (FPL)
- Pregnant Women whose household income does not exceed 195% FPL
- Parents and Caretaker Relatives (you must have a dependent child) whose household income does not exceed 133% FPL
- Adults without dependent children whose household income does not exceed 133% FPL

For more information on income guidelines, call the Medicaid Customer Contact Center at 1-800-221-3943/TDD 1-800-659-2656.

Benefits and Services

If you qualify for Colorado Medicaid, some of the benefits you can receive include:

- Behavioral health
- Dental services
- Emergency care
- Hospitalization
- Laboratory services
- Maternity care
- Newborn care
- Outpatient care
- Prescription drugs
- Preventive and wellness services
- Primary care
- Rehabilitative services



What Does Colorado Medicaid Cost?

You might have to pay a small co-payment. If you are age 18 and younger, pregnant or are an American Indian or Alaska Native, you don't pay co-pays. If you are 19 and older and not pregnant, you are responsible for small Medicaid co-pays. If you reside in a nursing facility you typically do not have to pay co-pays. Co-pays vary depending on the service.

What Information Do I Need When Applying For Colorado Medicaid?

- The name, address and contact information of each person applying;
- Social Security numbers of each member of your household seeking medical assistance (or document numbers for lawfully present individuals);
- The birth dates of each person applying;
- Employer information for each member of your household;
- Income information for each member of your household (for example, wage and tax statements such as pay stubs or W2 forms);
- Information about any other income you receive;
- Information and policy numbers for health insurance plans currently covering members of your household; and
- Citizenship and identity documentation
- If you are a non-qualified alien seeking only Emergency Medicaid Services, you do not need to provide citizenship documentation

You might be asked to provide additional information if we are unable to verify the information you submitted through our electronic data sources.

How To Apply

There are several ways you can apply:

- Online at colorado.gov/PEAK
- In person at your local county office
- By phone at 1-800-221-3943/TDD 1-800-659-2656
- By mail

For more information on how to apply, visit colorado.gov/PEAK. If you have more questions about this program please contact the Medicaid Customer Contact Center.

Prescription Assistance Program (PAP)

As a resident of **Colorado**, you and your family have access to a statewide Prescription Assistance Program (PAP). Create and print your **FREE** discount prescription drug card by following the instruction at www.coloradodrugcard.com. This card will provide you with Rx medication **savings of up to 75%** at more than 56,000 pharmacies across the country including Safeway, Walgreens, Albertsons Sav-on, Target, CVS/pharmacy, Kmart, Walmart, and many more. You can create as many cards as you need. We encourage you to give cards to friends and family members. This card is pre-activated and can be used immediately!

Card Highlights

- **Free For Everyone.** All residents are eligible to get pharmacy discounts through this program. The program can be used to supplement most health insurance plans including Health Savings Accounts (HSA) and High-Deductible Health Plans. It can also be used as a Medicare Part D supplement by providing discounts on non-covered drugs.
- **No Restrictions.** There are no enrollment forms, no age or income requirements, no waiting periods, no eligibility required, no exclusions, covers pre-existing conditions, no claim forms to file, no annual or lifetime limits.
- **Lowest Price.** This program has *Lowest Rx Price Logic* to guarantee that you get the best pricing on prescriptions (Card holders pay the lower of a discount off Average Wholesale Price-AWP, discount off MAC Pricing, or Pharmacy Promotional/Retail price). You can save up to 75% on your medications (average savings are roughly 30%)!
- **Medications.** The program includes discounts on brand and generic medications, open formulary so that all medications are eligible for discounts.
- **Accepted Everywhere.** The Discount Prescription Card is pre-activated and accepted at over 56,000 pharmacies around the country including most major chains.
- **Confidential.** No personal information is required to get a card.





Employee Resources

STATE RESOURCES

Division of Human Resources

colorado.gov/dhr

Contact: state_benefits@state.co.us

303-866-3434 or 1-800-719-3434

Your Department's Human Resources Office

Employees and supervisors are first encouraged to contact their respective Department Human Resources Office or Department Benefit Administrators with questions and issues.

Employee Wellness Program

colorado.gov/dhr/wellness

Contact: state_wellness@state.co.us

303-866-3892

Colorado State Employee Assistance Program (C-SEAP)

colorado.gov/c-seap

Contact: 303-866-4314 or Toll Free 1-800-821-8154

MEDICAL PROVIDERS

UnitedHealthcare

Group# 718733

myuhc.com (member site)

welcometouhc.com/colorado (a pre-member site)

Contact: 1-877-283-5424

Kaiser Permanente

Group# 0225

my.kp.org/stateofcolorado

Denver/Boulder & Northern Colorado

Contact: 303-338-3800, 1-800-632-9700

Southern Colorado

Contact: 1-888-681-7878

Delta Dental

Basic Group# 7649

Basic Plus Group# 7650

deltadentalco.com

Contact: 1-800-610-0201

ADDITIONAL PROVIDERS

Public Employees Retirement Plan

copera.org

Contact:1-800-759-7372

Minnesota Life Insurance Company

lifebenefits.com

Contact:1-877-282-1752

Unum Insurance Company

unum.com

Contact:1-877-225-2712

ASI Flex

asiflex.com

Contact:1-800-659-3035

Notes:

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